Energy Transfer Partners, L.P. Form 5 F

| Form 5                                                                   |                                         |                                                                                             |                                                             |                                                                                                                                         |                       |                                                                                              |                                                                      |                 |               |
|--------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|---------------|
| February 13,                                                             | , 2013                                  |                                                                                             |                                                             |                                                                                                                                         |                       |                                                                                              |                                                                      |                 |               |
| FORM                                                                     | 15                                      |                                                                                             |                                                             |                                                                                                                                         |                       |                                                                                              | OMB AF                                                               | PPROVA          | Ĺ             |
|                                                                          | -                                       | TATES                                                                                       |                                                             |                                                                                                                                         | ) EXCHANGE (          | COMMISSION                                                                                   | OMB<br>Number:                                                       | 3235-0          | 0362          |
| Check this<br>no longer                                                  | subject                                 |                                                                                             | Was                                                         | hington, D.                                                                                                                             | C. 20549              |                                                                                              | Expires:                                                             | January         | y 31,<br>2005 |
| to Section<br>Form 4 or<br>5 obligatio<br>may conti<br><i>See</i> Instru | Form ANNI<br>ons<br>nue.                |                                                                                             | ATEMENT OF CHANGES IN BENEFICIAL<br>OWNERSHIP OF SECURITIES |                                                                                                                                         |                       |                                                                                              | Estimated a<br>burden hou<br>response                                | urs per         |               |
| 1(b).                                                                    | Filed purs                              | uant to S                                                                                   | Section 16                                                  | (a) of the S                                                                                                                            | ecurities Exchang     | e Act of 1934,                                                                               |                                                                      |                 |               |
| Form 3 H                                                                 | oldings Section 17(a                    | ) of the                                                                                    | Public Ut                                                   | ility Holding                                                                                                                           | g Company Act of      | 1935 or Section                                                                              | ı                                                                    |                 |               |
| Reported<br>Form 4<br>Transactio<br>Reported                             | ons                                     | 30(h)                                                                                       | of the Inv                                                  | estment Co                                                                                                                              | mpany Act of 194      | 0                                                                                            |                                                                      |                 |               |
| 1. Name and Address of Reporting Person <u>*</u><br>GLASKE PAUL E        |                                         |                                                                                             | Symbol                                                      | ame <b>and</b> Tick                                                                                                                     |                       | 5. Relationship of Reporting Person(s) to Issuer                                             |                                                                      |                 |               |
|                                                                          |                                         |                                                                                             | Energy                                                      | Fransfer Par                                                                                                                            | tners, L.P. [ETP]     | (Checl                                                                                       | k all applicable                                                     | all applicable) |               |
| (Last)                                                                   | (First) (M                              | iddle)                                                                                      | 3. Stateme                                                  | nt for Issuer's                                                                                                                         | Fiscal Year Ended     | ()                                                                                           |                                                                      |                 |               |
|                                                                          |                                         |                                                                                             | (Month/D                                                    | -                                                                                                                                       |                       | X_ Director 10% Owner                                                                        |                                                                      |                 |               |
| 18136 SOU                                                                | TH SHORE DRIV                           | νE                                                                                          | 12/31/20                                                    | 012                                                                                                                                     |                       | Officer (give below)                                                                         | title Othe<br>below)                                                 | er (specify     |               |
| (Street)                                                                 |                                         |                                                                                             |                                                             | ndment, Date C<br>h/Day/Year)                                                                                                           | Driginal              | 6. Individual or Joint/Group Reporting                                                       |                                                                      |                 |               |
|                                                                          |                                         |                                                                                             | rneu(mon                                                    | II/Day/Tear)                                                                                                                            |                       | (check applicable line)                                                                      |                                                                      |                 |               |
|                                                                          |                                         |                                                                                             |                                                             |                                                                                                                                         |                       |                                                                                              |                                                                      |                 |               |
| FLINT, T                                                                 | XÂ 75762                                |                                                                                             |                                                             |                                                                                                                                         |                       | _X_ Form Filed by 0<br>Form Filed by M<br>Person                                             |                                                                      |                 |               |
| (City)                                                                   | (State) (                               | Zip)                                                                                        | Table                                                       | I - Non-Deriv                                                                                                                           | vative Securities Acq | uired, Disposed of                                                                           | , or Beneficial                                                      | ly Owned        |               |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Date<br>(Month/Day/Year) | Transaction Date 2A. Deemed<br>onth/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year) |                                                             | 3. 4. Securities<br>Transaction Acquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or<br>Amount (D) Pr |                       | Securities<br>Beneficially<br>Owned at end<br>of Issuer's<br>Fiscal Year<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                 | al<br>ip      |

Â 01/31/2012 Units

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

Common

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

\$0

96,978 (1)

D

Amount (D) Price

D

SEC 2270 (9-02)

Â

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

G

| 1. Title of | 2.         | 3. Transaction Date | 3A. Deemed         | 4.          | 5.     | 6. Date Exercisable and | 7. Title and | 8. Price of | 9. |
|-------------|------------|---------------------|--------------------|-------------|--------|-------------------------|--------------|-------------|----|
| Derivative  | Conversion | (Month/Day/Year)    | Execution Date, if | Transaction | Number | Expiration Date         | Amount of    | Derivative  | of |

10

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| Security<br>(Instr. 3) | or Exercise<br>Price of<br>Derivative<br>Security | any<br>(Month/Day/Year) | Code<br>(Instr. 8) | of (Month/Day/Year)<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    | Underlying<br>Securities<br>(Instr. 3 and 4) | Security E<br>(Instr. 5) S<br>E<br>C<br>E<br>Is<br>F<br>(( |
|------------------------|---------------------------------------------------|-------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|------------------------------------------------------------|
|                        |                                                   |                         |                    | (A) (D)                                                                                                                | Date<br>Exercisable | Expiration<br>Date | Title Amount<br>or<br>Number<br>of<br>Shares |                                                            |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                       | Relationships |           |         |       |  |  |
|-------------------------------------------------------------|---------------|-----------|---------|-------|--|--|
| , o                                                         | Director      | 10% Owner | Officer | Other |  |  |
| GLASKE PAUL E<br>18136 SOUTH SHORE DRIVE<br>FLINT, TX 75762 | X             | Â         | Â       | Â     |  |  |
| Signatures                                                  |               |           |         |       |  |  |
| Peggy J. Harrison,<br>Attoney-in-Fact                       | 02/           | 13/2013   |         |       |  |  |
| <u>**</u> Signature of Reporting Person                     |               | Date      |         |       |  |  |

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year has been adjusted to reflect additional units acquired through (1) a distribution reinvestment program.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.